

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>	<i>11435</i>	<i>4/7/00</i>
O.I.P.E. CLASSIFIER			<i>6/16/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Best Available Copy

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Not-classified  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/1/00
2	✓	✓	8/2/00
3	✓	✓	8/3/00
4	✓	✓	8/4/00
5	✓	✓	8/5/00
6	✓	✓	8/6/00
7	✓	✓	8/7/00
8	✓	✓	8/8/00
9	✓	✓	8/9/00
10	✓	✓	8/10/00
11	✓	✓	8/11/00
12	✓	✓	8/12/00
13	✓	✓	8/13/00
14	✓	✓	8/14/00
15	✓	✓	8/15/00
16	✓	✓	8/16/00
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18	✓	✓	8/18/00
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If more than 150 claims or 10 actions  
 staple additional sheet here

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